

HSBC Insurance (Singapore) Pte. Limited

10 Eunos Road 8, #11-01 Singapore Post Centre (South Lobby), Singapore 408600

Tel: (65) 6225 6111 Fax: (65) 6424 4156

Web: www.insurance.hsbc.com.sg

Company registration no. 195400150N

Accident and Hospital Claim Form

IMPORTANT NOTES

- This form is for claims submission under a AccidentSurance or HospitalSurance or any Personal Accident. The issue of this form is not an admission of liability on the part of our company.
- Please read the instructions in this claim form carefully and complete **Parts 1 and 3** (compulsory) and the relevant sections in Part 2.
- For questions marked with “*” please tick (✓) the box which is applicable to you. If the space provided is not sufficient, please provide the requested information on a separate sheet and attach it to the claim form.
- You will need to provide the documents specified in the relevant section of this form when lodging your claim. If the document is in a foreign language, you are required to provide an English translation at your own expense. We reserve the rights to request for further particulars/supporting documents and we also reserve the right to ask for the original receipts, reports or any other documents submitted to substantiate your claim.
- For “death” claim, please also complete the “Proof of Death - Statement of Beneficiary” and provide us with a copy of the Death Certificate.
- You may post or fax or scan the completed claim form and all supporting documents to us. You are advised to retain a copy of all documents you submit to us for your own record.
- If any part of your claim is dishonest or fraudulent, your claim will be denied and we reserve the right to refer the matter to the appropriate authorities.

PART 1

Details of Policyholder & Policy

Name of Policyholder:	NRIC No.:
Date of Birth:	Occupation:
Address:	Contact Nos.
	Home:
	Mobile:
	Office:
	Email:
Policy No.:	Policy Expiry Date:

Details of Claimant (if different from Policyholder)

Name of Claimant:	NRIC No.:
Date of Birth:	Occupation:
Address:	Contact Nos.
	Home:
	Mobile:
	Office:
	Email:

PART 2

Section A. Details of Injury / Illness

What is the injury or illness?

If injury, how did it occur? (Please describe the circumstances of accident leading to the injury)

When did the injury occur, or the illness first begin or manifest itself or diagnosed?
 Date (DD/MM/YYYY)

Country and place where illness / injury was treated:

*Has the claimant consulted any medical practitioner or received any treatment from a medical practitioner for this condition?
 No Yes
 If "Yes"; please state the following:
 1. Name and address of attending doctor:

 2. Date of first consultation / treatment:

 3. Date of last consultation / treatment:

If the claimant was admitted to hospital for this condition, please state:
 Name and address of hospital:

 Date of admission: _____ Time: _____ am/pm
 Date of discharge: _____ Time: _____ am/pm

*Did the injury or illness cause you to stop work?
 No Yes
 If "Yes"; please state the following:
 1. Duration you stop work completely:
 From (DD/MM/YYYY): To (DD/MM/YYYY):
 2. Duration you were on light duty:
 From (DD/MM/YYYY): To (DD/MM/YYYY):

Section B. Details of Medical Claim				
Name of Doctor/Pharmacy/Clinic/Hospital	Treatment Performed	Date of Treatment	Amount Charged (SGD)	Have you Paid Yes/No
e.g. Dr. K. Spears	e.g. Consultation	e.g. 04/10/07	e.g. SGD1,000	e.g. Yes

I hereby authorise the release of any of my personal medical information in relation to this claim by any medical professional or institution to HSBC Insurance (Singapore) Pte. Limited. A photocopy of this authorisation shall be considered as effective and valid as the original.

NAME:	SIGNATURE:	DATE:
		/ /

Please provide us with all of the following documents relating to your claim:

- The itemised original receipts, invoices.
- The medical report/hospital records giving full details of the matter for which treatment was sought (please use the "Attending Physician's Statement" Form)

PART 3

DECLARATION

*Are you claiming insurance or compensation from any other insurance policies (including Work Injury Compensation, Motor Insurance, etc)?

- No Yes

If "Yes", please provide details below (e.g. policy number, type of cover and name of the insurance company):

*Have you ever made any previous claim in respect of injury or illness from any insurance company?

No Yes

If "Yes", please provide the following:

1. Policy number:

2. Date of claim:

3. Claim amount:

4. Details of claim (including details of the injury / illness):

- I/We certify that this claim form has been completed in full and all required information and documentation as specified on this claim form is attached to this signed form.
- I/We certify that the information given in this form is truthful, accurate and complete. No information that is likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We understand that if this claim is fraudulent, it will be reported to the relevant authorities.
- I/We consent to the collection, use and disclosure of personal information in order to handle my/our claim.
- I/We acknowledge that if I/we do not agree to the collection of this personal information then HSBC Insurance (Singapore) Pte. Limited will be unable to process my/our claim.
- I/We acknowledge that I/we will provide all necessary assistance as required by HSBC Insurance (Singapore) Pte. Limited to process this claim.

NAME:

SIGNATURE:

DATE:

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Please send the completed claim form and supporting documents to us at:

HSBC Insurance (Singapore) Pte. Limited
 Corporate Claims Department
 10 Eunos Road 8 #11-01
 Singapore Post Centre
 (South Lobby)
 Singapore 408600

Tel: (65) 6225 6111
 Fax: (65) 6732 9857